Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1.	ANNUAL	REPORT OF:
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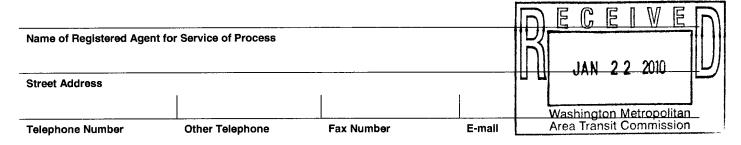
	485	American Care Transit Company, Inc.							
	*WMATC No.	*Name of Carrier (as shown on certificate of authority)							
_	4921 Seminary F	Road, #1424, Alexandria, VA 2	2311-1863 5613	Church, VA 22041					
	*Street Address of Principal Place of Business Falls Church, VA 22041								
	P.O. Box 3648,	Alexandria, VA 22302-3648							
V	Mailing Address (if	different from street address)	(703) 933 0022						
,	(703) 201-5900	(202) 369-1667	(703) 933- 36 45	american_care_transit@yahoo.com					
_	*Telephone Numbe	r Other Telephone	Fax Number	E-mail					

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

	Mr. Mohammed H. A.	Ahmed	President	
	*Name		*Title 703-933 008	L.
1/	(703) 201-5900	(202) 369-1667	(7 <u>0</u> 3) 933-3645	american_care_transit@yahoo.com
	*Telephone Number	Other Telephone	Fax Number	E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):



three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; or (3) attach your own vehicle list. Include all required information. Fleet No. *Model *Make *Vehicle VIN *License Plate *State *Seating	not a	pplicable, a	fter the car	ion that occurred after the previous yearier's certificate of authority was issued			
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6. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mohamed H. A. Ahmed	Mell
*Name (Type or Print)	*Signature
President	Jan - 20 - 2010
*Title	*Date

(end)